

**HOSPITAL ADDRESS QUESTIONNAIRE
DISPROPORTIONATE SHARE HOSPITAL PAYMENT PROGRAM**

Return the questionnaire to:

**Department of Health Services
Medi-Cal Policy Division
Disproportionate Share Hospital Unit
Attention: Elizabeth Garcia
1501 Capitol Avenue, MS 4612
P.O. Box 997417
Sacramento, CA 95899-7417
Phone (916) 552-9696 Fax No. (916) 552-9504
sb855dshunit@dhs.ca.gov**

Name: _____

Title: _____

Hospital: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Extension:** _____

Fax: _____ **E-Mail:** _____

Print Name: _____

Signature: _____

Title: _____

Date: _____